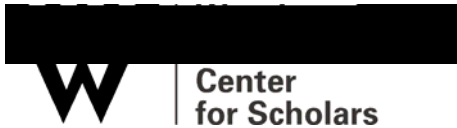


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experience from their respective countries. It was—for me, it was a breath of fresh air, you know? It was just an incredible feeling. But the fact about Kampala is that it did not end in Kampala. It's still having an impact in the countries where programs are being implemented, and I know that because I see what's happening in my country. I'm going to give you some of examples of what has happened in Ethiopia, not because Ethiopia has been doing anything special, but because Ethiopia is a country that I know better. I'm there, and I participate in these activities. I have no doubt the same kind of things are happening across the rest of the continent.

In Ethiopia, the Kampala conference may have created momentum that can potentially transform the country's family planning landscape. As most of you know, Ethiopia has a very positive policy environment for family planning. DHS 2005 showed that CPR has actually doubled in the five years prior, and talk today is that that CPR may have doubled in the last 5, from 6 or 7 percent in 2000-2001 to probably about 30 to 32 percent currently. So we don't really have a policy issue in Ethiopia. We have a very supportive government and a very active Minister of Health. Rates of unmet need in family planning, however, are still some of the highest on the continent. Maternal mortality is very high and the need for the expansion of family planning services is strongly felt by people, like us, who are in the field. I think the Kampala conference may have reinforced that message.

The conference was the first of its kind in which a sizable number of Ethiopians participated. I think there were around 30 of us. Ethiopians not only participated, but actually made quite a few presentations. This is quite remarkable for Ethiopians because Ethiopians don't like talking about what they do. They just want to do it and be left alone. [laughter] One of the biggest problems I had was to convince my Ethiopian colleagues to share. "Please go out and tell the story. You are doing a fantastic job," I said. We have the best adolescent reproductive health program. We have an excellent reproductive health leadership program. We have a very strong women's movement. Nobody talks about them. They just don't believe it's important to talk about what they are doing, and Kampala changed that.

As I said, there were more than 2,000 participants. That involvement gave my fellow Ethiopians a huge moral boost. The first thing they did when they went back was to get together and say, "Okay, now what next?" So on December 4, and this is just days after the Kampala conference, 14 organizations—about 20 people—came to our office. They sat down and said, "We need to do something. You know, we cannot just participate in this kind of conference and then forget about it." They spent quite a lot of time—I think a full day—

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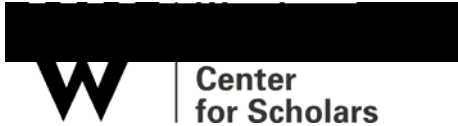
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They are preparing for the Women Deliver project. If we can learn so much by attending a conference like that, they thought, we shouldn't be shy anymore. So there is this consensus that we need to tell the story after all. And these are the kind of things that are happening in Ethiopia, but, as I said before, I don't think just in Ethiopia. I'm sure the same thing is happening in many African countries. In the last few months, I visited Kenya, Uganda, Tanzania, and Rwanda, and in every one of these countries that I visited, there is a "Kampala fever." You know, people saying, "Let's do something about family planning." Whether or not they are related to Kampala, there have been some developments. For example, I know that the governments of Kenya, Nigeria and Ethiopia have budgeted specifically for family planning in their annual plans. Just a couple of weeks ago the government of Ethiopia, the Minister with the Ministry of Health Initiati

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proposal is designed so that family planning and reproductive health can become part of their advocacy work. We're also working with the original WHO Africa office as they develop their five-year strategy to make sure that family planning is a priority not only in their supporting activities, but also in each country's health program.

So, these are the kind of things that we're doing now, but I realize this isn't much. It is very little and probably not very significant. We need to do more. I know our society is doing much more in the area of family planning. We need to hold hands and work together. I hope, as I said at the beginning, that this is the start of collaboration among the different actors so that what we were able to achieve in Kampala continues to lead our strategy for family planning. Thank you.

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